

Remarks by:

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Public Hearing

“Update on Long-Term Care Facilities and COVID-19”

Thursday, June 25th

10:00 am to 12:30 pm

Senate Chamber – via Zoom

Thank you Senator Ward and Committee Members for this opportunity to address your committee.

Let me begin my remarks by noting that, “At least 15 states have granted some lawsuit protection to nursing homes as a result of laws or governors’ orders, the [Associated Press](#) reports. The move comes as novel coronavirus deaths in nursing homes and long-term care facilities have reached more than 20,000, according to the Associated Press”. That being said, Pennsylvania is not one of them. As many of you are aware this needs to be addressed. The nursing home industry is presently a prime target for personal injury suits related to the initial poor guidance and lack of personal protective equipment provided as well as the inability of many nursing homes to have the physical structures to appropriately quarantine patients they were mandated to admit. Personal injury law firms have already begun ads on Facebook encouraging families to contact them regarding concerns they have as it relates to the care of their loved ones in nursing homes.

As we move forward there are a number of issues that need to be addressed:

1. Enact legislation to provide Liability protection for nursing homes related to the COVID-19 pandemic related to staffing shortages or supply shortages or the inability to provide the environment to adequately quarantine.
2. Open Nursing Homes to family visitation. Many nursing homes have developed excellent plans for providing visitation of families following all the social distancing requirements and use of PPE, though patients and families still remain isolated from one another, now almost 4 months. Presently the only visitation that is permitted is when a patient is actively dying (with appropriate screening and use of PPE). Homes are awaiting the Department of Health approval.
3. Future visits to nursing homes following the pandemic needs to be addressed in standardized fashion to maintain some of the lessons learned regarding transmission of disease.

4. Provide financial support to develop appropriate environments for caring and quarantining patients with various respiratory related illnesses, i.e., negative pressure rooms, which very few nursing homes presently have.
5. Future construction should incorporate standards to assure quarantining capability is provided in the event of such disease outbreaks. Moving away from multiple occupancy rooms to single occupancy rooms, at least in the quarantining wings or hallways.
6. Future construction needs to also address therapy needs of quarantined patients to be able to continue therapy in such restricted environments, possibly funding the construction of satellite therapy rooms to facilitate this care.
7. As CDC, CMS and others have noted that the aged population is the most vulnerable in such healthcare pandemics, and adequate supply of PPE as a priority for nursing homes needs to be addressed.
8. Nursing homes have always had the ability to determine if they can care for the needs of a resident during the referral and admission process. This should also apply in dealing with such illnesses as COVID 19. This should not be dictated by an external entity.
9. Maintain COVID like illness patients in hospitals that are better equipped to manage the disease until an appropriate bed is available in a nursing home.
10. Discharge planning from nursing homes. Who is physically going into the home? Many elderly do not have the capability of internet to do computerized visits. Unless post discharge visits are addressed, we will see a spike in readmissions due to inadequate follow-up following discharge.
11. Limited daily reporting to one entity, not numerous sites. The department of health for each state is the focal oversight agency for all nursing homes. Reporting should be streamlined to this entity for any higher level reporting.
12. Limit the amount of conference calls that consume the management team of nursing homes. Nursing homes do not have the luxury of being overstaffed to sit through numerous conference calls, etc. that do not add to the quality of the services they are delivering.
13. If telehealth is going to be the future regarding medical staff visits and assessments of patients, we need to have standards addressed to assure patients are adequately being followed by such providers.

Thank you again for the opportunity to address your committee.